



CASE # \_\_\_\_\_

## CITY OF COUNCIL BLUFFS, IOWA CONDITIONAL USE PERMIT APPLICATION

APPLICANT \_\_\_\_\_ PHONE/FAX (daytime) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

STATUS: Property Owner \_\_\_\_ Legal Option Holder \_\_\_\_ Contract Purchaser \_\_\_\_ Owner's Authorized Agent \_\_\_\_

REPRESENTED BY \_\_\_\_\_ PHONE/FAX (daytime) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

OWNER (if other than applicant) \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ PHONE/FAX (daytime) \_\_\_\_\_

CURRENT ZONING \_\_\_\_\_  
CURRENT LAND USE \_\_\_\_\_

### PROPOSED CONDITIONAL USE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS OR LOCATION OF THE PROPERTY \_\_\_\_\_

LEGAL DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ATTACHMENTS

1. Title holders/contract purchasers within 200 feet of the boundary of the property requested for the conditional use permit. This list must include name, property address, billing address and legal description.
2. Dimensioned site plan, photographs, drawings and other supplemental information as requested by the Community Development Department
3. An operating plan consistent with Chapter 15.27 of the Zoning Ordinance
4. Filing fee - \$200.00 - Nonrefundable Make check payable to Council Bluffs City Clerk

I certify that the information presented with this application is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_